FINANCIAL STATEMENTS

HOSPITAL SERVICE DISTRICT NO.1

PARISH OF ST MARY
FRANKLIN, LOUISIANA

SEPTEMBER 30, 2006

Under provisions of state law, this report is a public document. Acopy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 9/19/07





Gien P. Langlinals, C.P.A. Michael P. Broussard, C.P.A. Chris A. Kohlenberg, C.P.A., M.B.A., M.H.A. Sayla L. Palcon, C.P.A.

> Patrick M. Guidry, C.P.A. Ashley V. Broaux, C.P.A.

September 17, 2007

Legislative Auditor Baton Rouge, La. 70804

RE: Franklin Foundation Hospital FYE 9/30/06 Re-issued audit report

Dear Sir or Madam,

On July 27, 2007 we reissued the audit report for Franklin Foundation Hospital for their fiscal year ended September 30, 2006. Information concerning grant funds became available to us after the completion of the audit and were included in the re-issued report.

Please contact our office if there are any questions.

Sincerely

Vanglinais, Broussard & Kohlenberg

Certified Public Accountants

FINANCIAL STATEMENTS

HOSPITAL SERVICE DISTRICT NO. 1 PARISE OF ST MARY FRANKLIN, LOUISIANA

SEPTEMBER 30, 2006

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LANGLINAIS BROUSSARD & KOHLENBERG A Corporation of Certified Public Accountants



Gien P. Langlinets, C.P.A. Michael P. Broussard, C.P.A. Chris A. Kohlenberg, C.P.A., M.B.A., M.H.A. Sayla L. Falcon, C.P.A.

INDEPENDENT AUDITOR'S REPORT

Patrick M. Guidry, C.P.A. Ashley V. Breaux, C.P.A.

Board of Commissioners Hospital Service District No. 1 Parish of St. Mary, State of Louisiana Franklin, Louisiana

We have audited the financial statements of Hospital Service District No. 1, Parish of St. Mary, State of Lousiana, a component unit of the St. Mary Parish Police Jury, State of Lousiana, as of September 30, 2006 and the year then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards of the United States and Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, based on our audit, the component unit financial statements referred to above present fairly, in all material respects, the financial position of Hospital District No. 1, Parish of St. Mary, State of Lousiana, a component unit of the St. Mary Parish Police Jury, State of Louisiana, at September 30, 2006, and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information included in Schedules 1 through 5 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Hospital District No. 1 has not presented Management's Discussion and Analysis that accounting principles generally accepted in the United States has determined is necessary to supplement, although not required to be part of, the basic financial statements.

LANGLINAIS, PROUSSARD & KOHLENBERG

Certified Public Accountants

July 27, 2007

STATEMENT OF NET ASSETS

Property, plant and equipment, cost

Less: accumulated depreciation

Total Property and Equipment

TOTAL ASSETS

ASSETS CURRENT ASSETS: Cash \$2,102,286 Accounts receivables, less allowance for doubtful accounts of \$ 2,151,469 1,830,495 Due from third party payors 149,850 Other receivables 2,690,900 Inventories 492,552 Prepaid expenses 108,353 Total Current Assets 7,374,436 PROPERTY, PLANT AND EQUIPMENT:

23,698,220

11,261,393

12,436,827

\$19,811,262

STATEMENT A

SEPTEMBER 30,2006

TIABLUITIES	AND	NET	assets

CURRENT LIABILITIES	·
Current portion of long-term debt	\$37,336
Notes payable	653,016
Accounts payable	2,572,381
Due to third party payors	257,881
Accrued salaries and related withholdings	239,824
Accrued vacation and holiday expense	171,505
Total Current Liabilities	3,931,943
LONG-TERM LIABILITIES:	
Long-Term Debt:	
Obligations under capital lease	93,821
Construction Loan - Guaranteed	2,555,779
Bond Anticipation Note	1,868,260
COF - Non-Guaranteed	283,975
Total Long-Term Liabilities	4,801,835
TOTAL LIABILITIES	8,733,778
NET ASSETS	
Invested in capital assets, net of related debt	6,944,968
Unrestricted	4,132,516
	11,077,484
TOTAL LIABILITIES AND NET ASSETS	\$19,811,262

STATEMENT B

STATEMENT OF ACTIVITIES	YEAR ENDED SEPTEMBER 30, 2006
OPERATING REVENUES:	
Net patient service revenues	\$14,083,641
Advalorem taxes	1,949,291
Other operating revenue	<u>2,403,157</u>
TOTAL OPERATING REVENUE	18,436,090
OPERATING EXPENSES:	•
Professional services	7,739,247
General and administrative	4,784,495
Depreciation	625,264
Provision for doubtful accounts	1,664,970
TOTAL OPERATING EXPENSES	14,813,976
INCOME (LOSS) FROM OPERATIONS	3,622,113
NON-OPERATING REVENUES	
Interest income	23,554
TOTAL NON-OPERATING REVENUES	23,554
CHANGE IN NET ASSETS	3,645,667
TOTAL NET ASSETS, BEGINNING	7,431,817
TOTAL NET ASSETS, ENDING	\$11,077,484

STATEMENT C

STATEMENT OF CASH FLOWS Y	EAR ENDED SEPTEMBER 30, 2006
CASH FLOWS FROM OPERATING ACTIVITIES:	·
Cash received from patients	\$14,010,771
Ad valorem taxes	. 1,949,291
Cash payments to suppliers for goods and services	(5,850,163)
Cash payments to employees for services	(5,406,670)
Net Cash Flow from Operating Activities	4,703,229
CASH FLOW FROM CAPITAL AND RELATED FINANCIAL ACTIVITIES:	•
Acquisition of property and equipment	(7,072,442)
Proceeds of long term borrowing	5,381,513
Principal payments on long-term debt	(1,085,677)
Net Cash Used in Capital and Related Financial Activ	
CASH FLOWS FROM INVESTING ACTIVITIES:	
Interest income	23,554
Net Cash Provided by Financing Activities	23,554
NET INCREASE IN CASH AND CASH EQUIVALENTS	1,950,177
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	152,109
CASH AND CASH EQUIVALENTS AT END OF YEAR	2,102,286
CASH FLOWS FROM OPERATING ACTIVITIES:	
Operating Income	\$3,622,113
Adjustments to reconcile operating income to net cash	
provided by operating activities:	
Depreciation	625,264
Provision for doubtful accounts	1,664,970
Increase in receivables and due from third parties	(2,476,027)
Decrease in inventories and prepaid expenses	1,830
Increase in accounts payable and accrued expenses	1,265,079
NET CASH PROVIDED BY OPERATING ACTIVITIES	\$4,703,229

The accompanying notes are an integral part of these financial statements.

NOTES T	O F	INANCIAL	STATEMENTS

SEPTEMBER 30, 2006

NOTE 1: DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity. Hospital Service District No. 1, Parish of St. Mary (the Hospital) was created by Ordinance No. 559 of the Police Jury of St. Mary Parish on September 20, 1950, to operate, control, and manage matters concerning the health care of citizens west and northwest of the Wax Lake Outlet. The Hospital is governed by a board of seven commissioners who are appointed by the St. Mary Parish Council. For this reason, the Hospital is considered to be a component unit of the St. Mary Parish Government, St. Mary Parish, Louisiana.

Use of estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Proprietary fund accounting. The Hospital utilizes the proprietary fund method of accounting whereby revenue and expenses are recognized on the accrual basis. Substantially all revenues and expenses are subject to accrual.

Inventories. Inventories of drugs and supplies are stated at the lower of cost (first-in, first-out) or market.

Property, Plant and Equipment. Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2006

NOTE 1: DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont)

Cash and cash equivalents. Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less.

Advalorem Taxes. The Hospital received approximately 6.8 percent of its financial support from ad valorem taxes. Current taxes are received beginning in October of each year and become delinquent after January 31, of the following year.

Risk Management. The Hospital is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Accounting Standards. Pursuant to Governmental Accounting Standards Board (GASB) Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting, the Hospital has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

Investments in debt and equity securities. Investments in debt and equity securities are carried at fair value except for investments in debt securities with maturities of less than one year at the time of purchase. These investments are reported at amortized cost, which approximates fair value. Interest, dividends, and gains and losses, both realized and unrealized, on investments in debt and equity securities are included in non-operating income when earned.

Net patient service revenue. The Hospital has agreements with third-party payors that provide payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

NOTE 2: MAJOR SOURCE OF REVENUE

The Hospital participates in the Medicare and Medicaid programs as a provider of medical services to program beneficiaries. The Hospital derived approximately 69% of its gross patient service revenue from patients covered by the Medicare and Medicaid programs. Included in net patient service revenues is additional reimbursement for Medicaid Uncompensated Care Adjustments of \$2,245,773

HOSPITAL SERVICE DISTRICT NO. 1

Parish of St. Mary Franklin, Lousiana

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2006

NOTE 3: NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows.

<u>Medicare</u> Inpatient services, certain outpatient services, and defined capital and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2003.

<u>Medicaid</u> Medicaid inpatients are reimbursed a fixed rate per day for med/surg patients. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology, with certain limitations and exceptions. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports filed by the Hospital and audits thereof by the Medicaid fiscal intermediary. The Hospital's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through September 30, 2003.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, and preferred provider organizations. The basis for payment to the Hospital under some of these agreements includes prospectively determined daily rates.

NOTE 4: PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment, by major category, is as follows

		Ass	set lile	
		<u>_ir</u>	vears	2006
Land	•			\$ 319,999
Land improvements			5 - 25	69,824
Building and improvements		J	10 - 40	6,405,258
Fixed equipment			5 - 25	1,348,018
Movable equipment			5 ~ 25	8,141,042
Construction in progress				<u>7,414,079</u>
Total cost				23,698,220
Less accumulated depreciation				11,261,393
Net Property, Plant and Equipment		* * .		\$12,436,827

NOTES TO FINANCIAL STATEMENTS		SEPTEMBER 30, 2006
NOTE 5: LONG-TERM DEBT		
Long-term debt consisted of the following	g:	•
Capital lease obligations - Capital One 1		
monthly installments of \$2,107 and \$1,40 equipment with costs of \$112,800 and \$77		\$ 131,157
Construction loan guarantee - guaranteed rate of 7.83%, unguaranteed portion will of 6.5% to be reset every five years, bo	l bear an initial rate	0.555
exceed \$7,600,000 with a 22 year term		2,555,779
Bond anticipation note - interest rate of borrowing \$5,000,000 with a 24 month ter		1,868,260
COF - non guaranteed		283,975 4,839,171
Less current portion		37,336
Long-term portion		<u>\$ 4,801,835</u>
Scheduled repayments on capital leases ar	re as follows:	
	Principal Interes	
2007	\$ 37,336 \$ 5,5	-
2008	39,186 3,6	
2009	41,127 1,7	,
2010	13,508	13,65 1
2011 Total	\$ 131,157 \$ 1 1,1	31 \$ 142,288
10041	<u> 5 171 171 5 111 1</u>	3 142,500
NOTE 6: CASH FLOWS SUPPLEMENTAL INFORMATI	ON .	
Total interest paid by the Hospital was \$ capitalized as part of the construction i		t, \$ 90,458 was
NOTE 7: CONCENTRATIONS OF CREDIT RISK	•	
The Hospital grants credit without collate	eral to its patients. mo	st of whom are
local residents and are insured under thi receivables (net of allowances) from patifollows:	rd-party payor agreement	s. The mix of
Medicare	3	5%
Medicaid Commercial and other third-party pay	1 yors <u>5</u>	_
tomacional and other thirty party pa	10	-

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2006

NOTE 8: FAIR VALUE OF FINANCIAL INSTRUMENTS

The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments:

Cash and cash equivalents: The carrying amount reported in the balance sheet for cash and cash equivalents approximates its fair value.

Investments: Fair values, which are the amounts reported in the balance sheet, are based on quoted market prices for similar securities.

Assets limited as to use: These assets consist primarily of cash and short-term investments and interest receivable. The carrying amount reported in the balance sheet is fair value.

Accounts payable and accrued expenses: The carrying amount reported in the balance sheet for accounts payable and accrued expenses approximates its fair value.

Estimated third-party payor settlements: The carrying amount reported in the balance sheet for estimated third-party payor settlements approximates its fair value.

Long-term debt: Fair values of the Hospital's revenue notes are based on current traded value. The fair value of the Hospital's remaining long-term debt is estimated using discounted cash flow analyses, based on the Hospital's current incremental borrowing rates for similar types of borrowing arrangements.

Carrying

The carrying amounts and fair values of the Hospital's financial instruments are as follows:

02243219	
_ Amount	<u>Fair Value</u>
Cash and cash equivalents \$ 2,102,286	\$ 2,102,286
Accounts payable and accrued expenses \$ 2,983,710	\$ 2,983,710
Estimated receivable from third party payors \$ 149,850	\$ 149,850
Estimated third-party payor settlements \$ 257,881	\$ 257,881
Long-term debt \$ 4,801,835	\$ 4,801,835

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2006

NOTE 9: BANK DEPOSITS AND INVESTMENTS

State statutes authorize the Hospital to invest in obligations of the U.S. Treasury, certificates or other obligations of the United States of America, and time certificates of deposit of state banks organized under the laws of Louisiana and national banks having the principal office in the State of Louisiana. The Hospital had bank balances as follows:

Insured (FDIC)	\$ 101,550
Collateralized by securities held by the pledging financial	
institution's trust department in the Hospital's name	3,450,258
Total	<u>\$ 3,551,808</u>
Carrying Value	<u>\$ 2,280,710</u>

NOTE 10: UNCOMPENSATED CARE REVENUE

The Hospital receives a disproportionate share payment for uncompensated care. This payment is based upon estimated uncompensated care cost and is subject to audit by the Louisiana Department of Health and Hospitals. Coverage for uncompensated care is based on the State's fiscal year.

NOTE 11: GASB Statement No. 34

During fiscal year 2003 the Hospital implemented GASB Statement No. 34, "Basic Financial Statements, and Management's Discussion and Analysis for State and Local Governments," as amended by GASB Statement No. 37 and No. 38, and applied those standards on a retroactive basis. GASB Statement No. 34 establishes standards for state and local governments and requires that resources be classified for accounting and reporting purposes into the following three net asset categories.

Invested in capital assets, net of related debt consist of capital assets, net of accumulated depreciation and reduced by outstanding balances for bonds, note, and other debt that are attributed to the acquisition, construction, or improvement of those assets.

Restricted net assets result when constraints placed on net asset use are either externally imposed by creditors, grantors, contributions, and the like, or imposed by law through constitutional provisions or enabling legislation.

Unrestricted net assets consist of net assets which do not meet the definition of the two preceding categories. Unrestricted net assets often are designated to indicate that management does not consider them to be available for general operations. Unrestricted net assets often have constraints on resources which are imposed by management, but can be removed or modified.

SCHEDULES OF PATIENT SERVICE REVENUES	
INPATIENT SERVICE REVENUES	
Daily Patient Services:	
Room and Board	<u>\$1,818,95</u>
Total	<u> </u>
Other Nursing Services:	•
Operating room	548,27
Central supplies	2,141,93
Labor and delivery	231,81
Observation	33,77
Emergency service	398,95
Total	3,354,75
Other Professional Services:	•
Laboratory	939,78
Anesthesiology	59,00
EKG	154,48
Blood	71,94
Radiology	367,414
Pharmacy	1,724,608
Cardiac rehab	1,880
Inhalation therapy	421,857
Physical therapy	139,591
Professional fees	729,858
	4,610,427
TOTAL INPATIENT SERVICE REVENUE	<u>\$9,784,127</u>

	SCHEDULES OF PATIENT SERVICE REVENUES	FOR	THE	YEAR	ENDED	SEPTEMBER	30,	2006
1 ;								
	OUTPATIENT SERVICE REVENUES							
	Other Nursing Services:							
	Operating room					\$1,3	73,4	27
[]	Central supplies					1,0	17,8	90
	Labor and delivery					-	9,0	74
	Observation						65,6	91
U.J	Emergency service					2,2	66,2	<u> 10</u>
\Box	Total					4,7	32,2	91
}								
1.7	Other Professional Services:							•
	Laboratory					3,7	27,0	98
	Anesthesiology					1	25,0	24
	EKG					4	61,7	71
П	Blood						9,3	75
	Radiology					2,7	45,1	3 <i>6</i>
_	Pharmacy					1,3	88,6	34
	Cardiac rehab						90,3	73
	Inhalation therapy		•			1	13,1	61
	Physical therapy					2	41,0	02
	Clinics		•			9	02,10	3
	Professional fees					1,7	09 <u>,</u> 1:	18
-	Total					11,5	12,7	95
1								
	TOTAL OUPATIENT SERVICE REVENUE					16,2	15,0	<u> 6</u>
٦								
زَ	GROSS PATIENT SERVICE REVENUE					26,0	29,23	4
]	Less Contractual Adjustments					14,19	<u> 1,34</u>	5
ل	•						,-	<u> </u>
_	Net Patient Service Revenue before Disproportion	ate a	Shar	3		11,83	37,86	8
)								
٠	Medicaid Uncompensated Care					2,24	5,77	3_
ר	·					• • •		
!	NET PATIENT SERVICE REVENUE					\$14,08	3,64	1
,	·					·		

 $\prod_{i=1}^{n}$

SCHEDULES OF OTHER OPERATING	REVENUES	FOR	THE	YEAR	ENDED	SEPTEMBER 30, 2006
Cafeteria and vendor sales						\$115,992
Grant revenue - Building						2,103,546
Rental income						35,685
Grant revenue - other						109,873
Other						38,061
						\$2,403,157

	SCHEDULES OF PROFESSIONAL SERVICES	FOR	THE	YEAR	ENDED	SEPTEMBER	30,	2006
	Salaries and Fees:							
ί,)	Nursing					\$8	355	081
\Box	Operating room							732
	Central supply							943
	Labor and delivery					2		234
	Emergency room					4	114,	103
ij	Laboratory					3	313,	897.
	Radiology					3	359,	599
	Pharmacy					2	22,	493
L J	Anesthesiclogy					2	234,	967
	Inhalation therapy	1				2	12,	518
	Physical therapy					2	21,	527
_	Clinics	•			•	. 4	96,	104
	Other						42,	222
	Total Salaries and Fees					3,9	37,	420
_	Supplies and Other Expenses:							
:	Nursing							610
_	Operating room							231
7.	Central supply							608
اِ	Labor and delivery							246
	Emergency room						71,	
7	Laboratory						34,	
ال	Radiology	•					45,	
_	Pharmacy						58,4	
ĺ	Anesthesiology						21,(
ل	Inhalation therapy					1:	52,	
?	Physical therapy					•		565
	Clinics						16,0	
	Other						<u> 25, (</u>	
	Total Supplies and Other Expenses					3, B		
	Total Professional Serivces					\$7,73	39, 2	247

Parish of St. Mary Franklin, Louisiana

	SCHEDULE OF GENERAL AND ADMINISTRATIVE	FOR	THE	YEAR	ENDED	SEPTEMBER 30,	2006
	Salaries and Fees:						
	Administrative					\$863,	656
Γ,	Maintenance					159,	430
Li	Rousekeeping					149,	722
_	Medical records	,				167,	455
	Dietary					142,	<u>571</u>
ذ. ا	Total Salaries and Fees					1,482,	<u>833</u>
	Supplies and Other Expenses:			•			•
	Interest					34,	171
	Administrative					2,556,	636
	Maintenance					495,	591
	Housekeeping	•				30,	660
	Medical records					32,	055
U	Dietary					152,	5 <u>47</u>
\prod	Total Supplies and Other Expenses					3,301,	<u>662</u>
_ _	Total General and Administrative Serv	ices				\$4,784,	<u> 495</u>

GOVERNING BOARD EXPENSES

YEAR ENDED SEPTEMBER 30,2006

]		COMPENSATION			
`	Marshall Guidry	\$	~		
j	Ann Luke	\$			
	Didi Battle	\$	-		
	Nick Accardo, M.D.	\$	-		
	Eugene Foulcard	\$	•		
	Clegg Caffery, Jr.	\$	-		
	Alan Von Werder	\$	~		

LANGLINAIS BROUSSARD & KOHLENBERG A Corporation of Cartified Public Accountants



Gien P. Langlinais, C.P.A. Michael P. Broussard, C.P.A. Chris A. Kohlanberg, C.P.A., M.B.A., M.H.A. Gayla L. Falcon, C.P.A.

> Patrick M. Guidry, C.P.A. Ashley V. Breaux, C.P.A.

REPORT ON COMPLIANCE AND ON INTERNAL CONTROL OVER FINANCIAL REPORTING BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Commissioners Hospital Service District No. 1 Parish of St. Mary Franklin, Louisiana

We have audited the financial statements of Hospital Service District No. 1, Parish of St. Mary, State of Louisiana, a component unit of the St. Mary Parish Police Jury, State of Louisiana, as of and for the year ended September 30, 2006, and issued our report thereon dated July 27, 2007. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

COMPLIANCE

As part of obtaining reasonable assurance about whether Hospital Service District No. 1's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

INTERNAL CONTROL OVER FINANCIAL REPORTING

In planning and performing our audit, we considered Hospital Service District No. 1's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is a reportable condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements caused by errors or fraud in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted two matters involving the internal control over financial reporting and its operation that we consider to be a reportable condition.

<u>Control of assets</u> Several employees have the ability to authorize and record transactions. These employees also have access to cash and the check signing machine, and one of these employees performs the reconciliation of bank statements.

<u>Safeguarding of assets</u> The Hospital has no procedure in place to identify large, costly fixed assets as being owned by the Hospital.

This report is intended for the information of Hospital Service District No. 1 and the Legislative Auditor of the State of Louisiana and is not intended to be and should not be used by anyone other than these specified parties.

We acknowledge with appreciation the courtesies extended our representatives during the audit.

Sincerely,

Langlinais, Foussard & Kohlenberg

Certified Public Accountants

July 27, 2007

LANGLINAIS BROUSSARD & KOHLENBERG A Corporation of Cartified Public Accountants



Gien P. Langfinals, C.P.A. Michael P. Broussard, C.P.A. Chris A. Kohlenbery, C.P.A., M.R.A., M.H.A. Gayla L. Falcon, C.P.A.

> Patrick M. Guldry, C.P.A. Ashley V. Breaux, C.P.A.

Board of Commissioners Hospital Service District No. 1 Parish of St. Mary Franklin, Louisiana

In planning and performing our audit of the financial statements of Hospital Service District No. 1, State of Louisiana, a component unit of the St. Mary Parish Police Jury, State of Louisiana, as of and for the year ended September 30, 2006, we considered its internal control in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control. However, we noted certain matters involving the internal control and its operation that we consider to be reportable conditions under the standards established by the American Institute of Certified Public Accountants (AICPA). Reportable conditions involve matters coming to our attention relating to significant deficiencies in the design or operation of internal control that, in our judgment, could adversely affect the Hospital's ability to record, process, summarize, and report financial data consistent with the assertions of management in the financial statements.

CONTROL OF ASSETS

Several employees have the ability to authorize and record transactions. These employees also have access to cash and the check signing machine, and one of these employees performs the reconciliation of bank statements.

We recommend that someone separate from these job duties perform the bank reconciliations on a monthly basis.

SAFEGUARDING OF ASSETS

The Hospital has no procedure in place to identify large, costly fixed assets as being owned by the Hospital.

We recommend that all material assets purchased and in possession should be engraved or permanently labeled with the Hospital's contact information to deter theft or loss.

This report is intended for the information of the management and the Board of Commissioners of the Hospital, the Legislative Auditor of the State of Louisiana and is not intended to be and should not be used by anyone other them these specified parties.

We acknowledge with appreciation the courtesies extended our representatives during the audit.

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Langvinais, Broussard & Kohlenberg

Certified Public Accountants

July 27, 2007